

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

468

STATE FILE NUMBER

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Cape Girardeau TOWN Cape Girardeau		c. CITY OR TOWN Fredericktown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.Mo. Hospital		d. STREET ADDRESS (If outside, give location) 2 Wks	
3. NAME OF DECEASED (Type or print) First Flora Middle E Last Benson		4. DATE OF DEATH Month Jan Day 5 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	
11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W Dunn		13b. MOTHER'S MAIDEN NAME Clara Newberry	
14. NAME OF HUSBAND OR WIFE Clifford J Benson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 494-09-1644		17. INFORMANT Clifford J Benson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, lobes, bilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of R. lung with DUE TO (c) General metastatic 2 months + PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Perry STATE Mo.	
21. I attended the deceased from Dec 23 1957 to Jan 5, 1958 and last saw her alive on Jan 5, 1958 Death occurred at 9:30 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John Crowe MD (Degree or title)	
22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED Jan 11, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 8, 1958	23c. NAME OF CEMETERY OR CREMATORY York Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Perry County Mo.
24. FUNERAL DIRECTOR Young & Son Perryville		25. DATE RECD. BY LOCAL REG. 1-16-58	
26. REGISTRAR'S SIGNATURE Elizabeth Summers Dep			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 5 1958

Madison Missouri Fredericktown
 Cape Girardeau
 2 Wks Hospital
 Benson
 27 July 19, 1900
 USA Perry County, Mo.
 Clifford J Benson
 404-09-1044 Clifford J Benson Fredericktown, Mo.
 Housewife
 Housework
 Clara Newberry
 John W Dunn
 Female
 White
 x

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. 7027
 P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.